



# TRANSMITTAL FORM

(to be used on all correspondence after initial filing)

ATTORNEY DOCKET NO. <b>70043.0001US01</b>	
U.S. APPLICATION SERIAL NO. <b>10/046,730</b>	CONFIRMATION NO. <b>2580</b>
FILING DATE <b>January 17, 2002</b>	

INVENTOR(S) <b>Brooks EDWARDS et al.</b>	EXAMINER <b>Mary Ceperley</b>	GROUP ART UNIT <b>1641</b>
TITLE OF APPLICATION <b>SOLID PHASES OPTIMIZED FOR CHEMILUMINESCENT DETECTION</b>		

ADDRESS TO:	<b>Mailstop Amendment Commissioner for Patents P.O. BOX 1450 ALEXANDRIA, VA 22313-1450</b>
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## ENCLOSURES

- ☒ Transmittal Form
- ☒ Fee Transmittal (In Duplicate)
- ☒ Request for Reconsideration
- ☒ Terminal Disclaimer
- ☒ Return Postcard

☒ Please charge Deposit Account No. 13-2725 in the amount of \$130.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the above-noted documents, including any fees required under 35 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time.

## CORRESPONDENCE ADDRESS

☒ The address associated with Customer Number: **23552** OR ☐ the correspondence address below.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NAME	Christopher W. Raimund	REGISTRATION NO.	47,258
SIGNATURE		DATE	March 19, 2007
NAME		TELEPHONE	202 326-0300
		REGISTRATION NO.	



# FEE TRANSMITTAL

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EXAMINER

**Mary Ceperley**

GROUP ART UNIT

**1641**

TITLE OF APPLICATION

**SOLID PHASES OPTIMIZED FOR CHEMILUMINESCENT DETECTION**☐ Applicant claims small entity status. See 37 CFR §1.27.  
Certain fees are reduced by 1/2.**TOTAL AMOUNT OF PAYMENT**  
**\$130.00**

☒ Please charge Deposit Account No. 13-2725 in the amount of **\$130.00** to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the documents noted below, including any fees required under 37 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR §1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed for fee processing.

## THE FOLLOWING FEES HAVE BEEN SUBMITTED:

### APPLICATION FEES

	FEE CODE	DESCRIPTION	FEE	CALCULATE
<input type="checkbox"/>	1014	Basic Filing Fee - Reissue	\$300.00	
<input type="checkbox"/>	1051	Surcharge - Late Filing Fee, Search Fee, Examination Fee or Oath or Dec.	\$130.00	
<input type="checkbox"/>	1801	Request for Continued Examination	\$790.00	
<input checked="" type="checkbox"/>	1814	Terminal Disclaimer	\$130.00	\$130.00
			<b>SUB TOTAL</b>	<b>\$130.00</b>

### EXTENSION OF TIME FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1251	Extension for Response Within the First Month	\$120.00	
<input type="checkbox"/>	1252	Extension for Response Within the Second Month	\$450.00	
<input type="checkbox"/>	1253	Extension for Response Within the Third Month	\$1,020.00	
<input type="checkbox"/>	1254	Extension for Response Within the Fourth Month	\$1,590.00	
<input type="checkbox"/>	1255	Extension for Response Within the Fifth Month	\$2,160.00	
Credit for Extensions Previously Paid				
			<b>SUB TOTAL</b>	<b>0</b>

### APPLICATION SIZE FEES

<input type="checkbox"/> Additional Fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing in an electronic medium) (37 CFR 1.492(j)). The fee is \$250 for each additional 50 sheets or fraction thereof.				<b>\$0.00</b>
Total Sheets	Extra Sheets	Number of each additional 50 sheets or fraction thereof (round-up)	RATE	
0-100	/50=		x \$250.00 =	

### CLAIM FEES

CLAIMS	NO. FILED	NO. PAID FOR	MAX. PAID	NO. ADD'L	RATE	
Total Claims	0	<input type="checkbox"/>	20	0	x \$50	\$0.00
Independent Claims	0	<input type="checkbox"/>	3	0	x \$200	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S)					+ \$360	\$0.00
<b>TOTAL OF ABOVE CALCULATIONS =</b>						<b>\$0.00</b>

### APPEALS/INTERFERENCE FEES

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1401	Notice of Appeal	\$500.00	
<input type="checkbox"/>	1402	Filing a Brief in Support of an Appeal	\$500.00	
<input type="checkbox"/>	1403	Request for oral Hearing	\$1,000.00	
			<b>SUB TOTAL</b>	<b>\$0.00</b>

### TOTAL OF FEES SUBJECT TO REDUCTION FOR SMALL ENTITY STATUS

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.	x 1.00=	<b>\$130.00</b>
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### MISCELLANEOUS FEES (NOT SUBJECT TO REDUCTION FOR SMALL ENTITY STATUS)

	FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/>	1053	Non-English Specification	\$130.00	
<input type="checkbox"/>	1806	Submission of an Information Disclosure Statement	\$180.00	
<input type="checkbox"/>	8021	Recording Assignment, Agreement or Other Paper	0 properties x \$40.00	
			<b>SUB TOTAL</b>	<b>\$0.00</b>

SIGNATURE		DATE	March 19, 2007	TELEPHONE	202 326-0300
NAME	Christopher W. Raimund	REGISTRATION NO.	47,258		